

10/519781

PTO/SB/01 (09-04)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

KPS15USA

First Named Inventor

Peter Liedmann

COMPLETE IF KNOWN

Application Number

10/519781

Filing Date

12/29/2004

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LINEAR SLIDING GUIDE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

07/02/2002

as United States Application Number or PCT International

Application Number

PCT/EP2002/007295

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

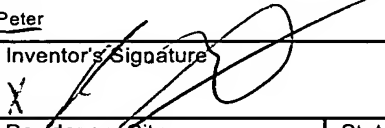

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

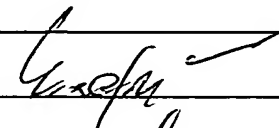
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| Address | | | | | |
| City | | | State | | ZIP |
| Country | | Telephone | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Peter | | | Liedmann | | |
| Inventor's Signature | | | | Date | |
|  | | | | X B.O.P. 2005 | |
| Residence: City | | State | | Country | Citizenship |
| Solingen | | | | Germany | German |
| Mailing Address | | | | | |
| Balkhauser Weg 144 | | | | | |
| City | | State | | Zip | Country |
| Solingen | | | | 42655 | Germany |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Wolfgang | | | Zundel | | |
| Inventor's Signature | | | | Date | |
|  | | | | X B.O.P. 2005 | |
| Residence: City | | State | | Country | Citizenship |
| Erkrath | | | | Germany | German |
| Mailing Address | | | | | |
| Am Bayersacker 2 | | | | | |
| City | | State | | Zip | Country |
| Erkrath | | | | 40699 | Germany |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

| | | | |
|--|-------|---|--------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Gerhard | | Niederprüm | |
| Inventor's Signature  | | Date 12.01.2005 | |
| Residence: City | State | Germany DEU | German Citizenship |
| Kullerstrasse 10 | | | |
| Mailing Address | | | |
| City | State | 42651 Zip | Germany Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number

Filing Date

First Named Inventor

Peter Liedmann

Title

Art Unit

Examiner Name

Attorney Docket Number

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State

Zip

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I am the:



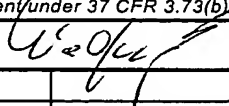
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|------------|
| Signature |  | Date | 12.01.2005 |
| Name | Gerhard Niederprum | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 3 forms are submitted.

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| | |
|------------------------|----------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Peter Liedmann |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

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Individual Name

Address

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Wolfgang Zundel

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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| | |
|------------------------|----------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Peter Liedmann |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

00270

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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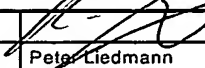
| | | | | |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|------------|
| Signature |  | Date | 12.01.2005 |
| Name | Peter Liedmann | Telephone | |
| Title and Company | | | |

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